202

should OCCUPATION PHYSICIANS RECORD Exact classified. properly AGE INK supplied. pe may certificate. that 80 0 back terms. plain instructions 2 of inform DEATH See Item OF Every item CAUSE OF Important.

15

STATE OF MARYLAND ACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilt death occurred inWard) a hospital or institution, give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX DATE OF DEATH WIDOWED, (Month) (Write the word) I HEREBY CERTIFY, That I attended deceased from allye on (Day 7 AGE If LESS than and that death occurred on the date stated above, at 1 day,.....hrs. The CAUSE OF DEATH* was as follows: BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or emplayer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place lo the OF MOTHER (State or country) ot death _____ yrs. ____ mos. ___ State _____ yrs, ____ Where was disease contracted. If not at piace of death? ... Former or usuai residence

REGISTRAR

20 UNDERTAKER

PLACE OF BURIAL OR REMOVAL

ADDRESS

DATE OF BURIAL

(Year)

If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. mine, etc. "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing nearin (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertaized as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. oma, Sareoma, etc., of...... (name origin; "Candent; Revolver wound of head-homicide; Poisoned Aceidental drowning; Struck by railway train-aeciwhich surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for maig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of For Vio-



.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupant to the control of the A PERMANENT RECORD BINDING PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED WRITE

V. S. No. 1.

Z.B.

	County Howard 6002	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
	2 FULL NAME Horace F.	St.; Ward) a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Male White Single, Widower OR or olvorged Write the word)	16 DATE OF OEATH May (Month) (Day) (Year) 17 1 HEREBY CERTIFY. That I attended deceased from
	6 DATE OF BIRTH April 24, 1840 (Month) (Day) (Year)	that I last saw h malive on The 1915,
200	7 AGE (Month) (Day) (Year) 1 day, hrs. OR min.?	and that death occurred on the date stated above, at 11.15 m. The CAUSE OF DEATH * was as follows:
Deligion	B OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer) BIRTHPLACE	(Burallon) / yrs mos ds. Contributory Secondary
very important. See in	(State or country) Maryland 10 NAME OF RATHER Micholas bugle 11 BIRTHPLACE OF FATHER (State or country) Unknown 12 MAIDEN NAME OF MOTHER Sallie McBride 13 BIRTHPLACE OF MOTHER 14 BIRTHPLACE OF MOTHER	*State the DISPARSE CAUSING DEATH, or, in deaths from VIOMENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS): At places In the
OCCUPATION IS	(State or country) Seland 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Senie Chaffman (Address) Chester	of death yrs. mos. ds. State, yrs. mos. ds. Where was disease contracted, if not all place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL OATE OF BURIAL At. Marys Lemetery May 7, 191.5.
	Filed 5 , 191 5 REGISTRAR If more blanks are needed, address State Registrar,	20 UNOERTAKER Sons Selicott City 16 W. Saratoga St., Batto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health
Association.]

of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton engineer, Stationary fireman, etc. But in many cases, mobile factory. mill; (a) Salesman, (b) Grocery; To) Foreman, business or industry, and therefore an additional line especially in industrial employments, it is necessary to ciun, Compositor, Architect, Locomotive engineer, Civil first line will be sufficient, c. g., Former or Plonler, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

genital," on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths and consequences (e. g., sepsis, telanus) may be stated head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible mus," "Old Age," "Shoek," "Uracmia," "Weakness," ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of....... (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) suicide. The nature of the injury, as fracture of skull Struck by railway train—accident; Revolver wound of to determine definitely. Examples: Accidental drowning, state Means of injury and qualify as accidental, birth or miscarriage as "Puerperal septichoemia," etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maraslapse," "Coma," symptoms or terminal conditions, such as "Asthenia, "Anaemia" (merely symptomatic), "Atrophy," "Co chopmeumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart discose; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping Always qualify all diseases resulting from child-"Senile," etc.), (mercly symptomatic), "Atrophy," "Coloma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercur-"Dropsy," "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JUN 41915
BURBAU, V.S.

BINDING RESERVED

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT Every Item CAUSE OF Important.

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n should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state taln terms, so that it may be properly classified. Exact statement of OCCUPATION is veri	43 (0)	aln terms, so that it m
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1 PLACE OF DEATH

County

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.	Ward)

a hospital or institution, give its NAME instead of street and number.]

-FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MARRIED, MIDDED, WIDDED, WIDDED, WIDDED, WIDDED, WIDDED, WIDDED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from May 4 h 1915, to ,191
(Month) (Day (Mear)	that I last saw h
TAGE RUTE MOUNTS Pregnance 1 day, Times des OR min.	The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which amployed (or employer)	Ovorhon, The Cause of which is unknown (Ouration) yrs mos. do
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF Leonard Pederline 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) (Si
of Mother Mary Burrynghs 13 BIRTHPLACE OF MOTHER (State or country) MA-	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) Af place In the Of death yrs mos ds.
(Informant). It would be derline (Address). Cherrical R. J.	Where was disease confracted, If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 h / P / h : 1 /	7 20 UNDERTAKER ADDRESS
mod 17/11/1 4 404 5- VI 11/11/11/11	ADDRESS.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst live will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, cause of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viomia," "Tuerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. uant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acei LENT DEATHS State MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the Bronchopncumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



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1 PLACE OF DEATH

PHYSICIANS t statement of OF CERTIFICATE DEATH Registration Dist. No. If death occurred in Ward) a hospital or institution. give Its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH WIDOWED OR DIVORCED (Month) RTIFY. That I attended deceased from 6 DATE OF BIRTH (Month) (Year) 7 AGE If LESS than 1 day, hrs. The CAUSE OF DEATH * was as follows: min. ? instructions on 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment which employed (or employer) 9 BIRTHPLACE (State or country) Contributory 10 NAME OF PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS BIRTHPLACE At place In the OF MOTHER (State or country) yrs. State,yrs,mos,ds. Where was disessa contracted, if not al placa of death?...... Former or usual residenca 15 20 UNDERT ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

& yrs.). For persons who have no occupation whatever, business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servont, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day luburer, Farm laborer, Laborer mobile factory. The material worked on may form part taken to report specifically the occupations of persons of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Growry; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used especially in industrial employments, it is necessary to engineer, Stationary firemum, etc. But in many cases, cian, Compositor, Architect, Locomolive engineer, Civil first line will be sufficient, e. g., Farmer or Planler, Physiknow (a) the kind of work and also (b) the nature of the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulapplies to each and every person, irrespective of age. Statement of Occupation-Precise statement of occupa-Coal mine, etc. many occupations a single word or term on the Women at home, who are engaged in If retired from (b) Auto-

Statement of Cause of Peath—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

state MEANS OF INJURY and qualify as Accidental, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: cause. on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated head-homicide; Poisoned by carbolic acid-probably surgical operation was undertaken. For violent deaths suicide. The nature of the injury, as fracture of skull Struck by railway train—accident; Revolver wound birth or miscarriage as "Puerpenal sophchuemia," "Puerpenal perionilis," etc. State cause for which etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephritis, etc. cough; Chronic valendar heart disease; ('hronic interstitia) "Tumor" for malignant neoplasms); Meastes; Whooping ges, perilonaeum, etc., Carcinoma, Sarconu, etc., of (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-"Coma," (merely symptomatic), "Atrophy," "Coloma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercur-"Puerperal sephehaemia," "Uracmia," "Weakness,"



1 PLACE OF DEATH

County Howard	CE	RTIFICATE OF DEATH
4		Registration Dist. No.
Village or City Libbor	(No. ,) S	a nospital of ins
² FULL NAME Tom	Garnest Eray	> 3 = 5 g of street and nu
PERSONAL AND STATISTIC	L PARTICULARS MEDICA	L CERTIFICATE OF DEATH
- A - O P 2	INGLE, ARRIED, Child IDOWED R DIVORCED Vittle, the word)	(Month) (Day)
6 DATE OF BIRTH	17 HEREBY CE	1915, to We 23
(Month)	(Day) (Year) that I last saw h	
7 AGE 3 yrs. 4 mos	1 day, hrs. The CAUSE OF DEAT	red on the date stated above, at 3. H * was as follows: utice Paralysis
a) Trade, profession, or particular kind of work (b) General nature of industry		
9 BIRTHPLACE	A State of the sta	uberculous mos.
(State or country) Mary	and Tunkus	vvv (Ouration) yrs mos.
10 NAME OF Low Ea	ment Gray (Signed)	ED Growk
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	May 19, 1913. State the DISEAS CAUSES, state (1) ME	(Address) Wordbride E CAUSING DEATH, or, in deaths from Vio ANS OF INJURY; and (2) whether Accides
T 12 MAIDEN NAME OF MOTHER Tologo	SUICIDAL OF HOMICIDAL	CE (FOR HOSPITALS, INSTITUTIONS, TRA
13 BIRTHPLACE OF MOTHER (State or country) Man	or RECENT RESIDENTS At place of deathyrsmos	In the
(Informant) I when W	Tishor Former or	
(Address) Lisbon	- rud usual residence	FERRON POLL DATE OF BURIA
15 Fled mag. 29., 1915	W-Lacy 20 UNDERTAKEN	may 29. ADDHESS MACURE MACU
	eeded, address State Registrar, 16 W. Saratoga St., Balto., I	

STATE OF MARYLAND



[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Former (retired or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servont, Cook wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers state occupation at beginning of illness. taken to report specifically the occupations of persons employed, as At school or At home. Care should be precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer." etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Plonter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupavarious pursuits can be known. The question For persons who have no occupation whatever The material worked on may form part Locomolive engineer, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For VIOLENT DEATHS "PUERPERAL peritonitis," etc. birth or miscarriage as "Puenperal seplichaemia," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Maraslapse," "Coma," chopneumonia (secondary), 10 ds. ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... "Anaemia" (merely symptomatic), symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless nephrilis, etc. cough; Chronic valvular heart diseose; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Caneer" is less definite; avoid use of by railway train-accident; Revolver wound of Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull The contributory (secondary or intereurly symptomatic), "Atrophy," "Convulsions," "Debility" State cause for which Never report mere unportant

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

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	ECORD	YSICIANS
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	PERMA	stated EX.
מ	HIS IS A	should be
) 	INK-T	lied. AGE be proper
MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should a CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.
2 3	WITH C	terms, so the back of c
2	LAINLY	rmation shi in plain tructions o
	WRITE !	or of info
No. 1.		GAUSE (Important

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		10	$\times)$
Le ((No		/
	2	, page 22 av	7

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 190

St.;.....Ward)

[If death occurred la a hospital or lustitution, give its NAME Instead of street and number.]

2 FULL NAME GIVTENCE Trunce	o states
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4 COLOR OR RACE 5 SINGLE, MARRIED, WIODWED, ORDIVORCED (Write the word)	16 DATE OF DEATH May 8 1, 1915. (Month) (Day (Year)
© DATE OF BIRTH September 22, 1913 (Month) (Day (Year)	that I last saw hallycon
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work. (b) General nature of Industry,	Theule indegention
business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Foward Co. Md.	Contributory Secondary (Duration) yrs mos ds
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF FATHER (State or country) 12 MAIDEN NAME OF FATHER OF	(Signed). M. D. Eurockson, N. D. Mag Qt, 1915. (Address). Elk Ridge. *State the Disease Causing Death, or, in deaths from Violens Causes, state (1) Means of Injury; and (2) whether Accions
of Mother Huner Teatrade Ness 13 BIRTHPLACE OF MOTHER (State or country) Germany	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death yrs
(Informant) Searge Haker (Address) Eek Ridge R. F. A.	If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
File May 9 1915 M.R. Eareckson	20 UNDERTAKER Comotes May 13th, 1915

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfuiwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupamany occupations a single word or term on the If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," The (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death all disease is the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

"Contributory." scpsis, tctanus) may be stated under the head of such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Contbenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably The contributory "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from Mcastes (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," State cause for Never report



V. S. No. 1.

Z. 8.

		should state
)	RECORD	PHYSICIANS of OCCUPAT
	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
No. 1.	1	CAU!

1 PLACE OF DEATH	6nti9
ounty Howard	(X)
Illage or City Eex Ridge	(No.
C. 0 21	

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 190

.St.;....Ward)

[if death occurred in a hospital or lostitution, give its NAME instead of street and number.]

2 FULL NAME Thu Starmon	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Widowed, Single (Write the word)	16 DATE OF DEATH May 16 th, 1915. (Month) (Day (Year)
April 9 , 1861. (Month) Day (Year)	May 6 1915 to May 16 15, 1915, that I last saw him alive on May 15th, 1915
TAGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 11 - A.m. The CAUSE OF DEATH* was as follows:
(b) General nature of industry, business, or establishment in which employed (or employer)	Cerebral hemorrhoge (Duration) ** yrs. mos / O ds. Contributory Arterconclement
(State or country) Chaslettoville, Va. 10 NAME OF FATHER Daniel Harmon 11 BIRTHPLACE OF FATHER (State or country) Albernable Co. Va 12 MAIDEN NAME OF MOTHER OT MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOT	(Signed) The Eare (Duration) 2 yrs mos ds. (Signed) The Eare Read , M. D. May 17th, 1915 (Address) Eek Read . *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Albernasle Co. Va 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds Where was disease contracted, If not at place of death?
(Informant) Mrs. Mary Garrett (Address) Eek Redge, Main	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Charlottsoille, Va. May 18, 1915
Filed May 17 1915 Mm R. Caicakoan REGISTRAR If more blanks are needed, address State Regist	20 UNDERTAKER M. J. Jickney Lono Ballembre trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Censns and American Public Health Association.]

of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are eugaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," The (4)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of Nungs, meninges, peritonacum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, naut neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemla" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; ture of the American Medical Association.) cause of death approved by Committee on Nomcnela-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustiou," State cause for Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

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REGISTRAR

If more blanks are needed, address State Regi

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No...

.. Ward)

Ilt death occurred in a hospital or lostitution, give its NAME instead ot street and number. I

more gooney

18 DATE OF DEATH	May	23	1915
	(Month)	(Day	(Year)
17 I HEREB	Y CERTIFY, That	I attended de	ceased from
	191, to		191
that I last saw h	alive on		, 191
and that death occurred	on the date state	d above, st	m
The CAUSE OF DEATH	* was as follows:		
0			
Leveral a	Detelet.	nud	Chan
luterstite		Antis	
<i></i>		enus	*****************
······	(Duration)	yrs	nosd:
ContributorySecondary		0 0 0 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	** * * ** ** ** ***
······	(Doration)	yrs	mosds
(Signed) It has	Work	1	
24/		17:	, W.,
May 28, 1915	(Address) // Ca	1 Joeu	Il Tu
*State the DISEASE CAUSES, state (1) ME TAL, SUICIDAL, OF HOM	CAUSING DEATH, O ANS OF INJURY; A ICIDAL.	or, in deaths fr and (2) wheth	om VIOLEN er Acciden
18 LENGTH OF RESIDER	NCE FOR HOSPITAL		
At place	in the		
ot death yrs mo:		угв	mos d
Where was disease contracted,			
If not at place of death? Former or	******************************	**********************	
19 PLACE OF BURIAL O		DATE OF B	LIPIAL
R - PI	00 1		2.3, 191.
handla. Lalla	(04.		
	C Cerreting	4000	total latital
20 UNDERTAKER	owden	ADDRESS	.//



[Approved by U. S. Census and American Public Health Association.]

cated thus: gainfully employed, as At school or At home. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) "Foreman,"

Statement of cause of death—Name, first, the nisease causing nearh (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucissis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failnre," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atropby," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, uant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from (secondary or intercurrent) State cause for Never report



N. B.

Registration Dist. No. 193 St.; Ward) [If death occurred a hospital or institution give its MAME instead
of street and number.]
MEDICAL CERTIFICATE OF DEATH
(Month) (Day) (Year) 1 HEREBY CERTIFY, That I attended deceased from
my 2 4, 1915 to 3 hours after A day my alwoon I did no set it above my attendance man and or me man and or me man and above, at me
Aparently from defection circum of blood - probably prating formers avail cording mos 6 has
(Duration) yrs mos ds Lacy , M. D. (Address) Lister , M. D. (Addres
OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS IN the YES. MOS. ds. State yrs. MOS. ds. Gease contracted, of death? OF BURIAL OR REMOVAL DATE OF BURIAL A Shung, And May 25, 1915 TAKER (akting). ADDRESS Hughn (father) Lishen, And.
The state of the s

6671

STATE OF MARYLAND

1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Lealthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not mine, etc. (a) Spinner, the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the (b) Cotton mill; (a) Salesman, If the occupation has Farmer or Planter, "Foreman," 9

Statement of cause of death—Name, first, the DISMASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc., Carein-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of dent; Revolver wound of haad-homicide; Potsoned such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purrerral septichuemus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convulsions," "Debility" ("Con-'thenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) "Contributory." injury, as fracture of skuli, and consequences (e. g., by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUST and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the -Hart failure," "Haemorrhage," "Inanition," "Marasample: Meastes (disease causing death), 29 ds.: affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mailg mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis oma. Surcoma. etc., of Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Examples: For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
JUN 41915
BUREAU, V.S.

No. 1. 32

1	PLACE	OF	DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

County (17000001 of	Registration Dist, No. 193
Village or City nian Glenwood (No. ,	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fernal. Accordence 5 single, MARRIED, WIDOWED, ORDIVORGED (Write the word)	16 DATE OF DEATH May. 5, 1915 (Month) (Day (Year)
DATE OF BIRTH LOW Man Dat Anne, 1.883 (Month) (Day (Year)	that I last saw h. M. alive on April 800 , 1915.
7 AGE If LESS than 1 day,hrs. ORmin.?	and that desth occurred on the date stated above, at 3.3.0.7 m. The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or particular kind of work	Grehaustion from Pelvis Malignant Simuth, Concession / yrs mos. ds.
(State or country)	Secondary when two years ago, unicapel (Doration) 3 yrs 0 mos 0 ds.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed) Facy, M. D. Mosq. Ca., 19t D- (Address) Facy M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
OF MOTHER Hamilt Warfield 13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Man Harriett Jones	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs mos ds. State yrs mos ds Where was disease contracted, It not at place of death? Former or
(Address) Porksville Md 5 Filed May 6. 1915. J. W. Lacy REGISTRAR	19 PLACE OF BURIAL OR REMOVAL Bushy Park, Bookswill; May. 7., 1915 20 UNDERTAKER ADDRESS Superville Md

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.) CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write None. (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: For persons "Foreman," (b)

Statement of cause of death—Name, first, the Disease Causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scptichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. "Contributory." scpsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciture of the American Medical Association.) The contributory Meastes (disease causing death), 29 ds.; may be stated under the head (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JUN 41915
BUREAU,V.S.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD V. S. No. 1.

PLACE OF DEATH	STATE OF MAR	RYLAND
County Howard	CERTIFICATE OF Registration Dist	192
Village or City Mt ary (No.	St.; Ward)	[if death occurred in a hospital or institution, give its NAME instead
2 FULL NAME James Donald Mullin	ux	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE O	F DEATH
3 SEX 4 COLOR OF RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH May (Month) 17 I HEREBY CERTIFY, That I atte	(Day) , (Year)
G DATE OF BIRTH Clovil Yyar, 1915 (Month) (Day) (Year)	that I last saw h alive on alive	
7 AGE If LESS than 1 day, hrs. OR min.?	and that death occurred on the date sta	/ 100 10
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of lindustry business, or establishment in which employed (or employer). 9 BIRTHPLACE (State or country)	Contributory Commander	yrs mos. 9 ds
10 NAME OF FATHER DEWOOD Mulling 10 NAME OF FATHER DEWOOD MULLING 11 BIRTHPLACE OF FATHER Water or country Massylvery 12 MAIDEN NAME 12 MAIDEN NAME 0 OF MOTHER OT MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OT MOTHER OF MOTHER OT MOTHER O	(Signed) (Signed) (State the Diseabe Causing Death, or, State (1) Means of Injury; and (2) Stutional or Homicipals.	in deaths from Violent
13 BIRTHPLACE OF MOTHER (State or country) Mary land 2 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE 1 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	18 LENGTH OF RESIDENCE (FOR HOSPITALS, II OR RECENT RESIDENTS) At place In the	
(Informant) Macon Mid	usual residence	OATE OF BURIAL
(Address) Mracry Ma	Reise From	May 3 d , 1915
Filed Mary 2, 1915 J. W. Larry REGISTRAR		mhairy mg
If more blanks are needed, address State Registrar,	, 16 W. Saratoga St., Balto Requesting V. S. No. 1.	



[Approved by U. S. Census and American Public Health
Association.]

or given up on account of the disease causing death, business, that fact may be indicated thus: Former (retired state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer." etc., without more mill; (a) Salesman, (b) Grocery; (a) Foreman, business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, engaged in domestic service for wages, as Servant, Cook mobile factory. know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, c. g., Former or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in -Precise statement of occupa-If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosts of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by corbolic acid-probably Struck by railway train-occident; Revolver-SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: surgical operation was undertaken. For violent deaths birth or misearriage as "Puerperal septichumia," mus," "Old Age," "Shock," "Uracmia," "Weakness," state MEANS OF INJURY and qualify as "Puerperal peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitiol ges, perilonaeum, etc., Carcinoma, Sarcomo, etc., of "Heart failure," "Heemorrhage," "Inanition," "Marasnephrilis, etc. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of "Coma," "Convu"
"Senile," etc.), The contributory (secondary or intercur-"Dropsy," Never report mere "Exhaustion, ACCIDENTAL, wound of



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD V. S. No. 1.

BINDING

FOR

RESERVED

MARGIN

county Howard County	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Slewwood, (No	Registration Dist. No. 193 St.; Ward) [If death occurred a hospital or Institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Black Single, MARRIED, WIDOWED OR DIVORCED (Write the word) 6 DATE OF BIRTH (Month) (Day) 19	16 DATE OF DEATH Month (Day), (Yen 17 I HEREBY CERTIFY, That Lattended deceased fr Offil 20 ML, 1915, to May of 191 that I last saw her alive on May 10 76, 191
TAGE It LESS 1 day B OCCUPATION (a) Trade, profession, or particular kind of work Clack	and that death occurred on the date stated above, at Jack
(b) General nature of Industry business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Many land 10 NAME OF Leorge Albert Angers	Contributory Dintertinal humonlage Secondary with realist of playmore (Burstlein) yes mos. (Signed) Hellam L. Byrely
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 MAIDEN NAME OF MOTHER (State or country) 15 MOTHER (State or country)	. State the Disease Causing Death, or, in deaths from Violental, Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. 18 Length of Residence (For Hospitals, Institutions, Transies OR Recent Residents) Ai place in the
(State or country) Howard Country, Ha 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Helliann Daywell (Address) Llemnood, Ha	of daalh yrs. mos. ds. Stata, yrs. mos. Where was disease contracted, if not at piace of death? Formar or usuat residence 19 PLACE OF BURIAL OR REMOVAL Bushy Park Cemely Phay 12, 191.
Filed May 11, 191 5 This. D Baysel A P. REGISTR. If more blanks are needed, address State Regi	Strar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

6 yrs.). For persons who have no occupation whatever business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Furm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. mill; (a) Salesman, (b) Grocery: (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Collon is provided for the latter statement; it should be used especially in industrial employments, it is necessary to business or industry, and therefore an additional line cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physition is very important, so that the relative healthfulknow (a) the kind of work and also (b) the nature of the applies to each and every person, irrespective of age. -Coal mine, etc. Statement of Occupation-Precise statement of occupamany occupations a single word or various pursuits can be known. The question The material worked on may form part Women at home, who are engaged in Never return "Laborer," If retired from term on the

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; hcad-homicide; Struck by railway train-accident; Revolver wound of surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. cause. Always qualify all diseases resulting from childmus," "Old Age," "Shock," "Uramia," "Weakness," etc., when a definite disease can be ascertained as the "Heart failure," "Heamorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," lapse," "Coma," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important cough; Chronic valendar heart disease; Chronic interstitial "Anaemia" "Tumor" for malignant neoplasms); Mcasles; Whooping or miscarriage as (merely symptomatic), "Atrophy," . "Coloma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercur-Poisoned by carbolic acid-probably "Puerperal septichaemia," State cause for which Never report mere

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
JUN 41915
BUREAU, V.S.

Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A. PERMANENT RECORD BINDING FOR MARGIN RESERVED

N. B.

Village or City & Character (No. 100)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 190 [If death occurred le a hospital or institution
*FULL NAME albert le	give its NAME Instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, MIDOWED, ORDIVORCE (Write the word)	16 DATE OF DEATH May
6 DATE OF BIRTH Level Kurow (Month) (Day) (Year)	that I last saw ham alive on Many 16 1915
7 AGE 1 LESS than 1 day,hrs. ORmin.? 8 OCCUPATION (a) Trade, profession, er (particular kind ef work Degan Juralsen	and that death occurred on the date stated above, at 4.30 fi.m., The CAUSE OF DEATH* was as follows:
(b) General nature of Industry, business, or establishment in which employed (or employer) Pairthplace (State or country) 10 NAME OF	(Duration) Zyrs mos ds. Contributory Old Aye (Secondary) (Ouration) yrs mos ds.
11 BIRTHPLACE OF FATHER (State or country) 6 and louid 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Bullo Jud.	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds. State yrs, mos ds.
(Informant) Cecelia M. Mingaria (Address) Blance May C. C.	Where was disease contracted, If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Acudous and Decay 20, 1914
Filed May 1910, 1915 REGISTRAR If more blanks are needed, address State Registr	20 UNDERTAKER ADDRESS Con

[Approved by U. S. Census and American Public Health Association.]

been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indiof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not minc; etc. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative lealthfui-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinlosis of lungs, meninges, peritonaeum, etc.. Carcinlosis

mia," "PUERPERAL peritonitis," etc. -Hart failure," "Hacmorrhage," "Inanition," "Maras-mus," "Old Age," "Shock," "Uraemia," "Weakness," cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage, as "PUERPERAL scpticharetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Con thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chroniu cer" is less definite; avoid use of "Tumer" for malig ture of the American Medical Association.) "Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopneumonia (secondary), 10 ds. oma. Surcoma. etc., of The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for "Exhaustion," Never report Examples: For vio-

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RECEIVED
JUN 31915
BUREAU, V.S.

nt of	PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
PHYSICIAN ct statement	Village or Cit Tholbon (No.	Registration Dist. No
	2 FULL NAME John W. Sin	dall give its HAME instead of street and number.]
ssifie	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
cla c	Male While Single, MARRIED, WIDOWED OR DIVORCED OR DIVORCED OR DIVORCED	(Month) (Day) (Year)
proper	6 DATE OF BIRTH July 18 184	that I last saw h is alive on his 30, 191 J.
AGE shoult may be back of ce	7 AGE (Monyh) (Day) (Year) 7 AGE If LESS that 1 day, hrs hrs cr cr cr cr cr cr cr	and that death occurred on the date stated above, at 32, m.
refully supplied. in terms, so that instructions on	(a) Trade, profession, or Petered (b) General nature of Industry business, or establishment in	Tutul Garaffiering
	which employed (or employer) 9 BIRTHPLACE (State or country)	Contributory Secondary
uld be ca H in plai nt. See	10 NAME OF FATHER Jodel Sendall	(Signed) (Signed) (Signed) (Address) (Signed) (Signed) (Address)
ion shoul F DEATH importan	U 12 MAIDEN NAME	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicioal.
-Every item of informatic should state CAUSE OF OCCUPATION Is very in	13 BIRTHPLACE OF MOTHER OF MOTHER (State or country) Not Know	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place to the first
	(Informant) Mrs / Cobert / homepson	Where was disease centracted, If not at place of death? Formar or usual residence
Every it	(Address) Atholton	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL At Marys Cemetery and frank 191.5
	Filed 5 - 30, 1915 Mallettan REGISTRAR	S. Hellsinger Hon ChicoH City
	If more blanks are needed, address State Registration	r, 16 W. Saratoga St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

or given up on account of the disease causing death, the duties of the household only (not paid Housekeepers business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. mill; (a) Salesman, (b) Grocery; (o) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the engineer, Stationary fromun, etc. But in many cases, cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physiespecially in industrial employments, it is necessary to applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupavarious pursuits can be known. The question For persons who have no occupation whatever, The material worked on may form part Locomotive engineer, Civil If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tubercubosis of lungs, menin-

under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, letanus) may be stated on Nomenclature of the American Medical Association.) head-homicide; Poisoned by corbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths "PULLIPERAL peritonities," etc. State cause for which "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," Struck by roilway train—accident; Revolver wound of to determine definitely. Examples: Accidental drowning. cause. Always qualify all diseases resulting from childete., when a definite disease can be ascertained as the genital," "Senile," etc.), "An:iemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Never report mere Example: Meosles (disease causing death), 29 ds.; Broncough; Chronic volvular heart diseose; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of rent) affection need not be stated unless important. nephrilis, etc. "Tumor" for malignant neoplasms); Meosles, Whooping (name origin; "Caneer" is less definite; avoid use of or miscarriage as "Pterperal septichucmia, The contributory (secondary or intercur-"Dropsy," "Exhaustion,"

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RECEIVED
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BUREAU, V.S.

UNFADING INK-THIS IS

WRITE PLAINLY, WITH

Every item CAUSE OF Important.

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PHYSICIANS should state of OCCUPATION is very

RECORD

PERMANENT

item of information should be carefully supplied. AGE should be stated EXACTLY. If CF DEATH in plain terms, so that it may be properly classified. Exact statement ant. See instructions on back of certificate.

1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No ...

St.;....Ward)

[It death occurred is a hospital or institution, give its NAME Instead ot street and number.]

FULL NAME

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	4 COLOR OR RACE 4 COLOR OR RACE MARRIED, WIDDWED, ORDIVORCED (Write the word)	(Month) (Day (Year) 17 I HEREBY CERTIFY. That I attended deceased from
6 D	ATE OF BIRTH	
	(Month) (Day (Year)	that I last saw h:
7 A	It LESS than 1 day,hrs.	and that death occurred on the date stated above, at
	yrsds. or min.?	1)
(a	CCUPATION) Trade, protession, or rticular kind of work	Gre alere buth
(b) bus	General nature of industry, iness, or establishment in ich employed (or employer)	(Duration) yrs mos ds.
98	(State or country) Harrard Ro lud	Contributory At A Court
	10 NAME OF FATHER William Thanks an	(Signed) Du Stutt , M. D.
11 BIRTHPLACE OF FATHER (State or country) Adward Ro And		*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
AREN	12 MAIDEN NAME OF MOTHER	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
Δ.	13 BIRTHPLACE OF MOTHER 13 BIRTHPLACE OF MOTHER	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the
-	(State or country) 2000 40, Wa	ot death yrs. mos. ds. State yrs. mos. ds
14 7	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
	(Informant) Wm Thampson	Former or usual residence
	(Address) Ellicatt Eig light	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 Fli	en May 17,1915 Als Malles Registrar	20 UN OERTAKER AOORESS Father elleget Cat
	If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal the nature of the business or industry, and therefore an who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," nuqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Inmor" for maligoma, Sarcoma, etc., of..... (name origin; "Caucause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanitlon," "Marasgenital," "Seuile," etc.), "Dropsy," "Exhanstion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. thre of the American Medical Association.) by carbolic acid-probably snicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of State cause for



Go	unty Howard	CERTIFICATE OF DEATH
	_	Registration Dist. No. 190
Vii	lage or City Ele Rige (No.	St.; Ward) [If death occurred in a hospital or lostitution, give its NAME instead
	FULL NAME Joseph J. J.	of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	Male While Word (Write the word)	16 DATE OF DEATH May 7, 191.5 (Month) (Day (Year)
6 D	ATE OF BIRTH June 6, 1861 (Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from May 3, 1915, to May 7, 1915 that I last saw how allow on May 7, 1915
7 A		and that death occurred on the date stated above, at
(a	CCUPATION) Trade, profession, or B + O Agent ricular kind of work	Zeukaema
bus	General nature of industry, iness, or establishment in ch employed (or employer)	(Duration) 2 yrs mos de
9 8	(State or country) Baltimore Co. Ma	Secondary (Ouration) yrs /_ mos
	10 NAME OF Joseph N. Jooney	(Signed) MMR Eareckson M. 1
ENTS	OF FATHER (State or country) Guilford, Md.	*State the Disease Causing Death, or, in deaths from Violent
PAR	OF MOTHER Christian Arron Strage	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
	13 BIRTHPLACE OF MOTHER (State or country) Ballimore C. Me	At place In the of death yrs mos ds. State yrs mos ds
14 T	(Informant) Darbara Ellew Joomey	Where was disease contracted, if not at place of death?
15	(Address) Eek Risge me	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Out do 1015
	May 8, 1915 M.R. Earackon REGISTRAR	Jas Owan Pons Ballmore
	If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1901 Hollings

6678

STATE OF MARYLAND

1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is necness of various pursuits can be known. The question should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulcated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the DISEASE material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercuters of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably IENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) State cause for



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RECORD PERMANENT stated EXACTLY. 4 UNFADING INK-THIS IS WRITE PLAINLY, WITH

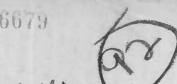
tated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very carefully supplied. AGE should be signified. DEATH in plain terms, so that it m See instructions on back of certificate, Every item of information should be CAUSE OF DEATH in plain terms, simportant. See instructions on back o

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1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

.Ward) St.:

[If death occurred in a hospital or institution, give its NAME Instead of street and number.]

	/ / /	41	N W	~	1 .1
FULL	NAME	Mury	11.00	ens	and

, , ,	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day (Year)
DATE OF BIRTH (Month) (Day (Year)	that I last saw h MM alive on May 10, 1915.
AGE 63 yrs. 6 mos. 20 ds. cr. min.?	and that death occurred on the date stated above, at / t m The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF SILETTIEN Wellow 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	(Signed) Ju Lieff M. D. (Signed) Ju Lieff M. D. (Signed) Ju Lieff M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGE	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds Where was disease contracted, if not at place of death?

REGISTRAR

Former or usual residence

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

20 UMBERTAKER

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the DISEASE (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are eugaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persous But in many "Foreman," (b)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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